

Housing Discrimination Complaint (Intake)

THE DIVISION OF HUMAN RELATIONS STATE OF DELAWARE

PLEASE TYPE OR PRINT THIS FORM – DO NOT WRITE IN THE SHADED AREAS

THIS SECTION IS FOR STATE USE ONLY.

NUMBER:	Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Info	
FILING DATE		
1. Name of aggrieved person or organization (last name, first name, middle initial)(Mr., Mrs., Miss, Ms.)	Home Phone ()	Business Phone ()
Street Address (city, county, state, and zip code)		
Name of contact person (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)	Home Phone ()	Business Phone ()
Street Address (city, county, state, and zip code)		

2. Against whom is this complaint being filed? Name (last name, first name, middle initial)	Phone Number ()
Street Address (city, county, state, and zip code)	
Check the applicable box or boxes which describe(s) the party named above: <input type="checkbox"/> Builder <input type="checkbox"/> Owner <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson <input type="checkbox"/> Supt. Or Manager <input type="checkbox"/> Bank or Other Lender <input type="checkbox"/> Other	
If you named an individual above who appeared to be acting for a company in this case, check this box <input type="checkbox"/> and write the name and address of the company in this space: Name: Address:	
Name and identify others (if any) you believe violated the law in this case:	

3. What did the person you are complaining against do? Check all that apply and give the most recent date these act(s) occurred in block No. 6b below.

<input type="checkbox"/> Refused to rent, sell, or deal with you	<input type="checkbox"/> Falsely denied housing was available	<input type="checkbox"/> Engaged in blockbusting	<input type="checkbox"/> Discriminated in broker's services
<input type="checkbox"/> Discriminated in the conditions or terms of sale, rental occupancy, or in services or facilities	<input type="checkbox"/> Advertised in a discriminatory way or made discriminatory statement	<input type="checkbox"/> Discriminated in financing	<input type="checkbox"/> Intimidated, interfered, or coerced you to keep you from the full benefit of the State and Federal Fair Housing Law
<input type="checkbox"/> Other (Explain)			

4. Do you believe that were discriminated against because of your race, religion, familial status, age, color, marital status, creed, national origin, sex, disability? Check all that apply:

<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (Specify) <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnancy or pending custody of a minor.	<input type="checkbox"/> Age (Specify)	<input type="checkbox"/> Creed (Specify)	<input type="checkbox"/> Marital Status	<input type="checkbox"/> National Origin (Specify)
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5. What kind of house or property was involved? <input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (Explain)	Did the owner live there? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property: <input type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?	What is the address of the house or property? (street, city, county, state, & zip code)
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6a. Summarize in your own words what happened. Use this space for a brief and concise statement of facts. Additional details may be submitted on an attachment. The Division of Human Relations will furnish a copy of the complaint to the person or organization against whom the complaint is made.

6b. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)

7. How did you find out about the Division of Human Relations?

8. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct. Signature and Date:	File Date: (Date Complaint was filed)
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FORM: 101:03A